

potent. 2. The disease may be caused by overwork, worry, etc., without any sexual influence.

The relations of this neurosis with others are intimate; in the majority of cases it is combined with one of them, but in such cases the author insists upon the proposition that in every case of mixed neurosis several specific causes can be traced. Thus a woman always hysterical indulges in coitus reservatus, and has added to her hysteria the "anxiety neurosis;" a man, neurasthenic from masturbation, enters into unnatural sexual relations with one of the opposite sex and acquires in addition the corresponding specific neurosis. On the whole this symptom-group most closely resembles hysteria, but is more somatic in origin and mechanism.

PATRICK (Chicago).

A Case of Acromegaly.—By Linsmayer. (*Wien. Medic. Wochenschrift*, 294, 1894.) The case is that of a man, sixty years of age, in whom in the course of two years symptoms of acromegaly appeared. The enlargement of the affected extremities was due mainly to hypertrophy of the bones. Motility, intelligence and the organs of sense were intact. Speech was difficult. The patient succumbed to progressive cardiac paralysis. The autopsy showed, in addition to the enlargement of the extremities, hypertrophies of the internal organs, particularly of the heart. The genital organs were atrophied.

MEIROWITZ.

Hæmatoma Auris.—Middlemass and Robertson. (*Edin. Med. Jour.*, December, 1894.) There is strong evidence in favor of the contention that the proclivity of the insane to othæmatoma is due to a peculiar degeneration in the cartilage of the ear. This change is due to the same abnormal nutritional state which induces lesions of scalp, skull and dura mater to which the insane are specially prone. If this view is correct, then the seat of the hæmorrhage must be in the cartilage, though it will be apparently within the perichondrium, with which the new fibrous tissue which replaces the degenerated cartilage always blends. As the perichondrium normally merges into the cartilage by insensible gradation, one cannot accurately speak of the blood as lying beneath the perichondrium. It must be outside, in it, or in the cartilage. Tischkow believes that when this degenerative change is fully established rupture of the new vessels may occur quite spontaneously. Even if a slight traumatic element is added the risk of hæmorrhage will be greatly increased. It is very improbable that the disease is of a specific infective nature. The vital processes subsequent to the outpouring of the blood are merely those which occur after hæmorrhage into other similar situations. The formation of the cartilaginous nodules in the cicatricial tissue is easily understood if it is admitted that the whole or part of the perichondrium lies external to the blood effusion. The almost invariable occurrence of the tumor on the anterior aspect of the cartilage has never been satisfactorily explained.

FREEMAN.

Nervous Dyspepsia.—H. Illoway, M.D. (*Medical Record*, January 5, 1895.) According to this author, much that is written on the subject of this disease is still to-day simply a jumble of the most varied states, including reflex gastric irritation, organic nervous disease, hysteria, neurasthenia and general intoxication of the system. Leyden has fixed the limit to this category on the basis that when we apply the term nervous to any particular malady we mean to describe a symptom complex which cannot be accounted for by anatomical changes. On this basis must be excluded from the group of nervous dyspepsia all those morbid conditions of the stomach which, though chiefly due to the nerves, are connected with anatomical processes in the nerves, or can with great probability be referred to such. Upon this ground must be excluded the gastric crises of tabes, gastric disturbances in pregnancy, the dyspepsias of anæmia, etc. In neurasthenia and hysteria it is evident that the gastric symptoms are but part of these conditions and not the expression of an idiopathic affection of the stomach. He defines nervous

dyspepsia as an ailment of the stomach, without anatomico-pathological characteristics, dependent solely upon the nerves of the stomach. The stomach is primarily affected, and if any symptom on the part of the general nervous system appears it is due to an irritation proceeding from the stomach, and therefore a secondary manifestation. Treatment must be directed to the stomach. Among the most noted symptoms are: A thin, white coating to the tongue; lack of hunger, although when the patient begins to eat the food tastes good, but when he stops the misery begins; a sense of fullness in the stomach and eructations which give only temporary relief. But the most unpleasant symptom is a condition of general irritability. This feeling continues for an hour and a half to three hours, and disappears with the distress in the stomach. After these symptoms have abated, the patient experiences a craving feeling in the stomach, relieved by food, but again followed by distress and irritability. A little food, as a tablespoonful or two of milk, will allay this, with the advantage that no distress will follow: Among the causes he mentions, first, mental shock; second, tobacco smoking. The patient recovers quickly from the shock, he is not depressed, and his system would be at its normal were it not for his stomach. The cases caused by smoking must be excluded from those in which, from the large quantity of tobacco used, the system has become intoxicated and gastric disorder, as one of the manifestations of such intoxication, appears. Concerning the pathology he says there is nothing abnormal in the chemismus and the motor power of the stomach is not to any degree impaired. It can be assumed, however, that the sensory nerve of the stomach, the vagus, is in a state of hypersensitiveness which manifests itself upon the ingestion of food by the pressure thus produced upon the ultimate nerve-filaments. He also believes an inhibition of all muscular activity of the stomach occurs at once upon the close of a meal, due to a closure of the pylorus. Nervous dyspepsia is to be differentiated from the so-called *neurasthenia gastrica*. In the latter more or less of the characteristic features of neurasthenia are always present. Although the prognosis of nervous dyspepsia is regarded as unfavorable by many high authorities, the writer states that the disease as described here is very amenable to treatment, even in cases of long standing. The histories of six cases observed by the author are reported in which very brilliant and rapid results were obtained. Beyond hinting that strict dietary regulations are to be observed, the paper gives no details of the treatment carried out in the cases mentioned, which is very disappointing to the reader and much to be regretted.

FREEMAN.

The Urine in General Paralysis.—Klippel and Serveaux (*Archives de Neurologie*, November, 1894).

The conclusions of these investigators are:

The urine of general paralytics is essentially variable in the volume, quantity of urea, of phosphates, and of chlorides passed in twenty-four hours. While there is no absolutely constant variation in the great majority of the cases, there is a departure from normal. In the second stage of the disease there is no polyuria; the urine is of a low specific gravity, pale in color and somewhat turbid, with an abundant mucus deposit; while the excretion of urea is diminished, and the excretion of phosphates still more so, the chlorides are abundantly present. There is very frequently peptonuria, and the presence of acetone is nearly constant. Not infrequently albumin in very small quantities is found.

J. C.

Syphilis Simulating Amyotrophic Lateral Sclerosis.—Ballet (*Semaine Medicale*, November 21, 1894).

The author reports the case of a patient who had the local lesion of syphilis ten years previously and secondary symptoms three years before present attack: A man 34 years old, of neurotic temperament, noticed after a severe disappointment that he was depressed, introspec-